



Please complete, sign and return this form to the Clinical School office no later than:

4 weeks after completion of the MD Elective Clinical Placement.

STUDENT DETAILS

Student name: _____ Student number: _____

Clinical School: _____

ELECTIVE DETAILS

Dates: _____

Organisation: _____

Address: _____

Supervisor Name: _____

Aims and activities of programme undertaken during elective:

Achievements and general comments:

Recommendations (if any):

Student signature: _____ Date: _____